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Combined Declaration For Patent Application and Power of Attorney  ATTORNEY DOCE 85334SMR							OCKET			
As below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  MICROCAPSULE COMPOSITION										
The specification of which (check only one item below):  X is attached hereto.										
was filed as United States Application Serial No. on and										
was amended on (if applicable).										
was filed as PCT internation  I hereby state that I have reviewed a						laime as	amended by	, any am	endment	
referred to above.					_					
I acknowledge the duty to disclose to 37, Code of Federal Regulations, §1		nt & Trademark	k Office a	ll information known to n	ne to be mate	rial to pa	tentability a	s defined	in Title	
I hereby claim foreign priority bene certificate, or (365 (a) of any PCT in										
and have also identified below any	foreign applica	tions(s) for pate	ent or inv	entor's certificate or any l	PCT internati	onal appl	ication(s) de	esignating	g a least	
one country other than the United S priority is claimed:						fore that o	of the applic	ation(s) c	of which	
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:  COUNTRY  APPLICATION NUMBER  Date OF FILING  PRIORITY CLAIMED UNDER 35 USC § 119										
COUNTRY (# PCT, indicate PCT)	1	PPLICATION NUMBER		DATE OF FILING (month/dayyear)			YES	NUER 35 USC	NO NO	
							YES		NO	
							YES		NO	
Lharaby claim the bonufit under Titl	I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:									
PRIOR PROVISIONAL APPLICA						(3) Hateu				
PROVISIONAL APPLI					FILING DATE (me	onth/day/year)				
		<del> </del>						•		
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:										
PRIOR US APPLICATIONS OR 35USC§120:	PCT INTERN	ATIONAL API	PLICATI	ONS DESIGNATING TI	HE U.S FOF	BENEF	IT UNDER			
U.S. APPLICATIONS			STATUS (Check one)							
U.S. APPLICATION NUMBE	R		U.S. FIL	ING DATE	PATENT	ED	PENDING	ABA	NDONED	
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PCT APPLICATIONS DESIGNATING THE U.S.										
			U.S. SERIAL NUMBERS				-	-		
TOTAL ELEXABITION			-	ASSIGNED (if any)				_		
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С	mbined Dec	claration F r Patent Applicati	n and Pov	wer of Att rney (Continued)	ATTORNEY DOCKET 85334SMR						
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or											
				k Company <u>Customer N</u>							
th	is applic	ation and transact all	busines	s in the Patent and Trade	mark Office connected						
therewith.											
Send Correspondence to:  Direct Telephone Calls to:											
Patent Legal Staff  Patent Legal Staff											
			_	Company	Sarah Meeks Roberts						
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Rochester, NY				14650-2201	FAX: 585-477-1148						
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		Eastman Kodak Company		343 State Street, Rochester	New York 14650 USA						
2	FULL NAME OF INVENTOR	FAMILY NAME Rollinson		FIRST GIVEN NAME Peter	SECOND GIVEN NAME D.						
o	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP						
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4	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME						
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP						
5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME						
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP						
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)						
		that all statements made herein of	my own b	Nowledge are true and that all statements	s made on information and belief are believed to be						
tru	e; and further	r that these statements were mad	e with the	knowledge that willful false statements	s and the like so made are punishable by fine or						
imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
SIGNATURE OF INVENTOR 201 SIGNATURE			SIGNATUR	E OF INVENTOR 202	SIGNATURE OF INVENTOR 203						
Mongrz ) I (b)			1 Va	M. Hollie	Peter D Rellenca						
DATE			DATE		Pali D Relbrea 1/22/04						
1/23/04				1123104	1/22/04						
SIGNATURE OF INVENTOR 204		SIGNATURE OF INVENTOR 205 SIG		SIGNATURE OF INVENTOR 206							
DATE			DATE		DATE						